

**Uncovering the Health Interests and Concerns  
of Middle School Students**

A Senior Honors Thesis (HONRS 499)

By: Janet Kamiri

Thesis Advisor: Dr. Denise Seabert

Ball State University  
Muncie, Indiana

July 2010

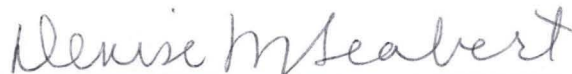
Graduation: July 2010

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A handwritten signature in cursive script, reading "Denise M. Seabert", written in dark ink.

*(Advisor's Signature)*

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## Abstract

Educators and researchers agree that motivation for learning decreases with age. Because of this, it becomes increasingly important to put the interests of middle school students at the center of instruction so that a teacher can cultivate opportunities for meaningful learning and real life application of important health information and skills. This project consists of a survey to help teachers uncover the health interests and general health concerns of middle school students as a means to make health education more meaningful to students. The survey is followed by a rationale explaining the survey design and the importance of teachers utilizing similar tools in their classrooms.

## Acknowledgements

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## Introduction:

In 1969, Ruth Byler, Gertrude Lewis, and Ruth Totman conducted a landmark study, *Teach Us What We Want To Know*. They set out to uncover the health interests and concerns of students from kindergarten to twelfth grade. In the preface for the study, the authors express their hope that, “this study should stimulate more teachers to explore their own students’ needs” (p. ix). Since then, very few studies have really focused on updating this information. My goal with this project is not to re-create or update the field with a study of this magnitude, but rather to take their advice and design a method to get to know my students.

During the course of my undergraduate education, I encountered and interacted with many middle school students in the health classroom. I was generally discouraged by the negative attitudes and the disdain many students exhibited towards health education. It is much easier for adults to comprehend the enormity of the subject and to see its real-life applications. I realized that, in many cases, the students I encountered must have been struggling to understand and relate to the material presented in health class. It appeared that, in many ways, their teachers had lost sight of the importance of exploring the needs of their students and had, therefore, made it incredibly challenging for students to see the big picture reality of health that would help create meaning and importance for them (Wiggins & McTighe, 2005, p. 315).

To achieve my goal of exploring my students’ needs, I created a survey to help me get to know my students’ interests and concerns as they relate to health. With this information, I can more effectively teach them in the health classroom. It is my hope that this survey will help me to engage my students in meaningful learning in the classroom. Such learning will help them to relate to the subject of health by utilizing their interests and prior knowledge to “identify potential applications of new material” (Ormrod, 2003, p. 400) and adopt and maintain healthy behaviors (Joint Committee on Health Education Standards, 2007, p. 5).

## Survey

The purpose of this survey is to help middle school teachers of health discover the health interests and general health concerns of middle school students as a means to make health education more meaningful to them. The survey is comprised of open-ended questions and closed-ended questions with ordered and unordered responses. The survey is in many ways like a focus group. But because it is anonymous, it eliminates some of the fear of judgment from peers that many middle school students face (Ormrod, 2003, p. 376). It is not intended as the only means of gathering information about students but rather a starting point for open dialogue in the classroom about health issues.

The survey consists of five parts (A-E), each with a slightly different design but all aiming towards the main purpose of the survey. Part A looks mainly at student demographics; Part B allows students to express their thoughts more freely; Parts C and D look at students’ attitudes towards essential health skills; and Part E addresses students’ attitudes towards priority health content.



### *Part A*

Part A asks students for basic demographic information including grade, age, and race or ethnicity. This information can prove useful in identifying trends in interests and concerns. Quality health education should be culturally relevant and sensitive (Centers for Disease Control and Prevention, 2007). Being able to separate potentially culture-specific concerns can help a teacher plan more effective and relevant instruction. Part A also asks students to indicate whether or not they have had a formal health education course in middle school. This question has been included for a number of reasons, but mainly to help identify the extent of potential prior knowledge. This question relates primarily to questions 2 and 3 on the survey. Students who have had a health course may demonstrate deeper thought and understanding in their responses thus, instruction will vary greatly for students with significant prior knowledge and experiences.

### *Part B*

Part B of the survey is entirely comprised of open-ended questions. Even though this type of question is more difficult to answer for the students, they are given an opportunity to express their opinions freely without any sort of prompting. However, there are definite drawbacks to this type of question for both teachers and students. Because of the potential of vast variation in responses, it can be challenging to draw definite conclusions about students' interests and concerns (Salant & Dillman, 1994, p. 80). The questions are general to start and become more difficult and personal.

The World Health Organization (WHO) defines health as, "a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity" (2003). This generally accepted holistic definition of health should be used when analyzing student responses. Because middle school students tend to view health predominantly as a physical phenomenon (Helseth & Misvear, 2010, p. 1456), some of the questions avoid using the term "health" to get a more holistic view of students' health interests and concerns. In questions 7 and 8, the idea of "challenges" has been used instead of the word "health" in an effort to get students to think of concepts that fall in dimensions of health beyond the physical dimension. The rest of the questions aim to elicit what concepts and topics students feel are important to know and understand to fix health problems. With the information gathered, a teacher can synthesize the general interests into lessons that address major concerns in a meaningful way.

### *Parts C and D*

In middle school, relationships with peers become increasingly important. "The peer group is a source of affection, sympathy, understanding, and moral guidance; a place for experimentation; and a setting for achieving independence from parents" (Papalia, Gross & Feldman, 2003, p 469). It is important to expose students' perceptions of peer or group norms. The importance of this concept is highlighted in one of the four goals of health education, to help students "develop group norms that value a healthy lifestyle" (Joint



Committee on Health Education Standards, 2007, p. 5). Part C of the survey allows a teacher to see potential misconceptions that students may have about the concerns of and types of behaviors practiced by their peers. In Part D of the survey, which looks at the same concepts as Part C, students record what is important to themselves instead of what they think their peers care about. This information can help a teacher to dig deeper into guiding students into understanding which behaviors are occurring and which are not. Often, middle school students perceive things to be true because they want to fit in. Their perception of normal becomes their reality (Brown & Knowles, 2007, p. 11) and they act upon this information as opposed to true information.

### *Part E*

Part E is similar to Parts C and D in that it helps students to compare their own interests and concerns to those of their peers. Instead of focusing on health skills, Part E looks at general health topics. Part E has students rank topics in terms of relative importance. The topics in Part E are based on the priority health areas as defined by the Centers for Disease Control and Prevention (CDC). These topics include alcohol and other drugs, healthy eating, mental and emotional health, personal health and wellness, physical activity, safety, sexual health, tobacco, and violence prevention (CDC, 2007). This section does not allow a teacher to delve into the specific topical interests of students. However, it can help a teacher further discover the general categories of interest and concern for students. The teacher can then take this information and give a second survey or pre-test before beginning a new unit to determine students' specific interests and questions as well as their prior knowledge and misconceptions on a topic. By doing this, a teacher can be sure to keep students motivated by holding their interest while connecting their curiosity to priority content (Ormrod, 2003).

### **Relevance**

Most of the current research today focuses on students' behaviors and their attitudes towards different behaviors. While this information is an absolutely necessary part of quality health education (CDC, 2007), there are very few recent studies that focus on what students want to know. One such study was the *KidsHealth KidsPoll*, which surveyed students ages 9-13 on their feelings towards a variety of health topics (National Association of Health Education Centers, 2006). However, the primary objective of this study was to determine the level of students' health literacy, rather than looking into their specific health interests. With such limited knowledge of middle school students' health interests and concerns, it is important that teachers learn this information from each of their classes – especially since students' interests can vary greatly between classes.

We generally teach high priority content within the framework of national and state standards. The data from national surveys such as the Youth Risk Behavior Surveillance System and other state or local surveys allow us to know our students' general behaviors and which behaviors are most important to address. Teaching to student interests should not diminish or negate the importance of using national, state, and local data because quality health education is "grounded in research and adapted to accommodate local



needs” (Telljohann, Symons & Pateman, 2004, p. 10). However, research shows that health interest declines with age (Brown, Teufel & Birch, 2007, p.12), as is true for interest in most subjects (Ormrod, 2003). Students also tend to believe that they can do little to impact their health. This belief often leads to a decreased “likelihood for future interest in and desire to follow what they were taught about health” (Brown, Teufel & Birch, 2007, p.7).

Understanding what students find interesting can help elevate and promote further interest as new topics are introduced to build upon current interest and prior knowledge.

Helping students to connect personally to material encourages students to transfer their skills to new areas. Transfer can be defined as “the ability to use knowledge in a new or different context from that in which it was initially learned” (Wiggins & McTighe, 2005, p. 352). The concept of transfer is central to education in general and is related to teaching to students’ interests. A large part of health education focuses on the development of skills to enhance health (Joint Committee on Health Education Standards, 2007, p. 5). Skills such as decision-making or communicating are applicable in many life situations. Teachers can teach these skills and many others with students’ interests at the forefront while helping students to see other “obvious real world application” (Wiggins & McTighe, 2005, p. 315). Students may not see the connection to other topics or areas immediately, but if they have learned the skill in a meaningful way, they will be able to transfer it to a new topic or situation when it occurs.

Beyond a teacher incorporating students’ interests into lessons, studies also show that students should be involved in the decision-making process about what is taught in schools. Students are capable of identifying and self-reporting health concerns and behaviors including emotional, social, and physical health as well as naming potentially confusing, interesting, or important topics for themselves and others (Brown, Teufel & Birch, 2007). Furthermore, students who feel that they are actively involved in the decision-making process maintain a higher level of interest in the subject because they are allowed to seek answers to questions that are relevant to their lives (Brown & Knowles, 2007).

This survey can act as a stepping-stone to developing meaningful and relevant lessons in the classroom. A caring and mildly creative teacher can use the information he/she gathers from the survey to address student needs and interests without compromising on addressing content and meeting standards.

## **Summary and Conclusion**

Teachers know what behaviors students are engaging in. We need to know how students view their behaviors and what other information they would like to have. We need quality health education that has clear goals, is research and theory based, addresses personal values and group norms, and focuses on functional health knowledge and skills that promote adoption and maintenance of health enhancing behaviors (Joint Committee on Health Education Standards, 2007). We must keep in mind that in an effort to meet the goals of health education, we have to address student interest. This survey is not meant to be a definitive answer to teaching to students’ interests but rather a starting point for

meaningful learning in the classroom. In order to help students internalize the relevance of health education for adopting and maintaining healthy behaviors, teachers must keep students' interests at the heart of instruction while seamlessly integrating priority health content and skills within the context of research and data.



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# Middle School Health Interest Survey

This survey is meant to help me make health class as interesting and meaningful as possible for you. If you answer the questions honestly and thoughtfully, I will be better prepared to teach you what you actually want to know.

## PART A:

**DIRECTIONS: Place an "X" next to the answer that best describes you.**

1. Grade        ☐ 6    ☐ 7    ☐ 8
2. Age        ☐ 10   ☐ 11   ☐ 12   ☐ 13   ☐ 14   ☐ 15
3. Gender        ☐ Male        ☐ Female
4. Race or Ethnicity  

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hispanic or Latino	
5. Is this your first time taking a middle school health class?  
☐ Yes        ☐ No

## PART B:

**DIRECTIONS: Answer the following questions as best as you can. There are no right or wrong answers.**

1. What do you like to do in your free time?<sup>6</sup>
2. What does it mean to be healthy?
3. How do you know if you are healthy or unhealthy?
  - a. Healthy?
  - b. Unhealthy?

4. What do you most want to learn in health class about staying healthy?<sup>13</sup>
5. What are the 2 or 3 biggest questions or concerns that you have about the world?<sup>2</sup>
6. What are the 2 or 3 biggest things that get in the way of young people being healthy?
7. What are the 2 or 3 greatest challenges you face that get in the way of feeling your best at home or at school?
  - a. At home?
  - b. At school?
8. What would you like to learn that could help you deal with the challenges you face at home or at school?
  - a. At home?
  - b. At school?
9. Are there things you wish you had learned about yourself and health in elementary school or in any previous middle school health class?<sup>3</sup>



**PART C:**

**DIRECTIONS:** How much do you think **PEOPLE YOUR OWN AGE** care about each topic? <sup>5</sup>

1. In the table below, place an “X” in the box under the statement that best describes how much you think they care (A lot, Somewhat, or Just a little).
2. You should have one “X” per line.

I think people my own age care about...	A lot	Somewhat	Just a little
1. Making and keeping friends			
2. Getting along with family members			
3. Sharing thoughts and feelings appropriately			
4. Standing up to peer pressure			
5. Talking to trusted adults about questions and concerns about life and health			
6. Making smart decisions			
7. Setting and achieving personal health goals			
8. Knowing where and how to get help or information about health topics			
9. Analyzing mixed-messages about health			
10. Helping others to make healthy choices			
11. Understanding influences on personal behavior and choices			

**PART D:**

**DIRECTIONS:** How much do you think **YOU** care about each topic? <sup>5</sup>

- 1. In the table below, place an “X” in the box under the statement that best describes how much you care (A lot, Somewhat, or Just a little).
- 2. You should have one “X” per line.

I care about...	A lot	Somewhat	Just a little
1. Making and keeping friends			
2. Getting along with family members			
3. Sharing thoughts and feelings appropriately			
4. Standing up to peer pressure			
5. Talking to trusted adults about questions and concerns about life and health			
6. Making smart decisions			
7. Setting and achieving personal health goals			
8. Knowing where and how to get help or information about health topics			
9. Analyzing mixed-messages about health			
10. Helping others to make healthy choices			
11. Understanding influences on personal behavior and choices			



**PART E:**

**DIRECTIONS:** How important are the following topics for people your own age and yourself?

The table below has two columns for you to fill in.

1. In the first blank column, rank the health topics from 1 to 8 by how important you think the topic is to **PEOPLE YOUR OWN AGE**.
2. In the second column, rank the topics from 1 to 8 in order of importance to **YOU**.
3. Use "1" as most important and "8" as least important. Use each number only once in each column.

Topic	Importance to people my own age	Importance to me
<b>Tobacco, Alcohol, and Other Drugs</b> (consequences of drug use, reasons people use/don't use drugs, alternatives to drug use, types of drugs, drug use laws)		
<b>Mental and Emotional Health</b> (responsibility, emotions and feelings, stress management, self-confidence, relationships with friends and family, asking for help, conflict resolution)		
<b>Nutrition/Healthy Eating</b> (benefits of eating healthy, food choices, healthy cooking practices and food safety, weight management, eating disorders)		
<b>Physical Activity</b> (getting enough, benefits of different types of exercise, safety during activity, weight management)		
<b>Violence Prevention</b> (bullying, gangs, weapons, peer pressure, prejudice and discrimination, unhealthy relationships)		
<b>Safety</b> (responding in unsafe situations and emergencies, injury prevention, water sport safety, seat belts, helmets and other safety gear)		
<b>Sexual Health and Responsibility</b> (relationships, growth and development, risks of and alternatives to sexual activity, sexually transmitted infections including HIV, pregnancy prevention methods, unwanted sexual attention)		
<b>Personal Health and Wellness</b> (heredity, types of and spreading of diseases, piercings and tattoos, sleep, sun safety, personal care and hygiene)		

1. Besides those listed above, what other topics would you like to know more about?
2. What other topics, skills or behaviors interest you and should be included in a health class?